



Health Care Reform Coordinating Council

Created by Executive Order 01.01.2010.07

Final Report and Recommendations

January 1, 2011

Anthony G. Brown, Lt. Governor

John M. Colmers, Secretary
Department of Health and Mental Hygiene

ROLE OF THE HEALTH CARE REFORM COORDINATING COUNCIL

July 19, 1011



Established by Executive Order March, 2010



EXECUTIVE ORDER
01.01.2011.10

Maryland Implementation of Federal Health Care Reform
(Rescinds Executive Order 01.01.2010.07)

WHEREAS, The Maryland Health Care Reform Coordinating Council (HCRCC) was established on March 24, 2010, under Executive Order 01.01.2010.07 to provide a comprehensive evaluation of the federal Health Care Reform legislation, to develop a blueprint for the State's implementation of the Affordable Care Act, and to identify critical decision points that must be considered;

WHEREAS, In its final report delivered on January 1, 2011, the HCRCC set forth this blueprint, which included 16 short- and long-term recommendations on how the State can implement federal reform most effectively;

WHEREAS, Recognizing that effective implementation will require continued leadership, oversight, and coordination, the HCRCC included in its recommendations the establishment of a Governor's Office of Health Care Reform; and

WHEREAS, The HCRCC recommended further that its membership be expanded to include two additional legislative members, the Chair of the new Health Benefit Exchange, and the Secretary of the Department of Labor, Licensing and Regulation because of the valuable insight these representatives will be able to provide regarding implementation of key provisions of the Affordable Care Act.

NOW, THEREFORE, I, MARTIN O'MALLEY, GOVERNOR OF THE STATE OF MARYLAND, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY THE CONSTITUTION AND THE LAWS OF MARYLAND, HEREBY RESCIND EXECUTIVE ORDER 01.01.2010.07 AND PROCLAIM THE FOLLOWING EXECUTIVE ORDER, EFFECTIVE IMMEDIATELY:

A. Established. There is a Governor's Office of Health Care Reform (Office). The Office shall be managed by an Executive

01.01.2010.07 - Health Care Reform Coordinating Council

- ✓ Composed of executive and legislative branch leaders in health care
- ✓ Directed to examine the Affordable Care Act and make recommendations to the Governor and General Assembly as to how the State should implement federal health care reform in ways that would work best for Maryland.



ORIGINAL HCRCC MEMBERSHIP

- Lieutenant Governor – Co-Chair
- Secretary of Health & Mental Hygiene – Co-Chair
- Attorney General
- Secretary of Budget and Management
- Secretary of Human Resources
- Insurance Commissioner
- Governor's Designee
- Chair of Maryland Health Care Commission
- Chair of Health Services Cost Review Commission
- Senate Finance Chairman Thomas Middleton
- Senate Budget & Taxation Chairman Edward Kasemeyer
- House Government and Operations Chairman Peter Hammen
- House Government and Operations member James Hubbard



HCRCC PROCESS AND REPORT

- ✓ 6 workgroups
- ✓ 35 public meetings
- ✓ Regional public hearings
- ✓ Hundreds of public comments



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Five Categories: Sixteen Recommendations



➤ **Health Benefit Exchange and Insurance Market**



➤ **Health Care Delivery and Payment Reform**



Public Health
Prevent. Promote. Protect.

➤ **Public Health, Safety Net, and Special Populations**

➤ **Workforce Development**

➤ **Communications/Outreach and Leadership/Oversight**

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Leadership/Oversight



Recommendation

#16 Ensure continued leadership and oversight of health care reform implementation through extension and expansion of Health Care Reform Coordinating Council and new Governor's Office of Health Care Reform.

Progress

- ✓ HCRCC extension and expansion under 2011 Executive Order
- ✓ Establishment of Governor's Office of Health Care Reform

New HCRCC Executive Order – June, 2011

01.01.2011.10 - Health Care Reform Coordinating Council

- ✓ Expands the Council to add two legislative members, the Executive Director of the Health Benefit Exchange, and the Secretary of Labor, Licensing and Regulation
- ✓ Establishes the Governor's Office of Health Care Reform
- ✓ Charges the Council with ongoing responsibility for oversight and coordination of Maryland's implementation of health care reform, with specific direction to:
 - (1) Meet at least quarterly to monitor progress on implementation recommendations and provide input on implementation activities;
 - (2) Advise the Governor's Office of Health Care Reform on fundamental decisions critical to the successful implementation of Health Care Reform and provide oversight and direction for the implementation of reform;
 - (3) Identify challenges to implementing reform;
 - (4) Coordinate and receive briefings from existing State entities working on reform, including the Maryland Health Quality and Cost Council; and
 - (5) Continue to engage public and private stakeholders on issues impacting reform.



Health Benefit Exchange and Insurance Market



Recommendations

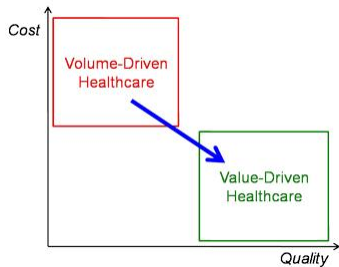
- #1 Establish structure and governance of Exchange.
- #2 Develop seamless entry into coverage.
- #15 Preserve Maryland's strong base of employer-sponsored insurance.

Progress

- ✓ Health Benefit Exchange Act of 2011
- ✓ Innovator grant award and Establishment grant application
- ✓ DHMH and DHR collaboration on IT infrastructure development



Health Care Delivery and Payment Reform



Recommendations

- #12 Achieve cost savings and quality improvements through payment reform and innovation in health care delivery models.
- #13 Promote improved access to primary care.
- #14 Achieve reduction and elimination of health disparities through exploration of financial, performance-based incentives and other strategies.

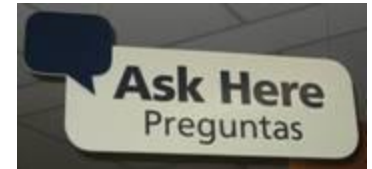
Progress

- ✓ Council's new Health Care Delivery and Payment Reform Subcommittee
- ✓ Health Quality and Cost Council
- ✓ New HQCC Health Disparities Workgroup





Public Health, Safety Net, and Special Populations



Recommendations

- #4 Develop state and local strategic plans to achieve improved health outcomes.
- #5 Encourage active participation of safety net providers in health reform and new insurance options.
- #6 Improve coordination of behavioral health and somatic services.
- #7 Incorporate strategies to promote access to high quality care for special populations.

Progress

- ✓ State Health Improvement Plan
- ✓ Senate Bill 514/House Bill 450 - Community Health Resources Commission Technical Assistance
- ✓ Senate Bill 419/House Bill 709 - Health Officers - Authority to Enter into Contracts or Agreements for Delivery of Health Care Services



Workforce Development

Recommendations

- #8 Institute comprehensive workforce development planning.
- #9 Promote and support education and training to expand Maryland's health care workforce pipeline.
- #10 Explore improvements in professional licensing and administrative policies and processes.
- #11 Explore changes in Maryland's health care workforce liability policies.

Progress

- ✓ Governor's Workforce Investment Board Planning Grant
- ✓ Attorney General's exploration of liability policy demonstration grant



COMMUNICATIONS/OUTREACH

Recommendation

#3 Develop centralized education and outreach strategy.

Initial Steps

- Create public-private coalition to leverage existing resources and collaborate in development of communications strategy
- Utilize Robert Wood Johnson Foundation technical assistance to assist in formulation of communications strategy
- Use RWJF grant funds to hire communications professional
- Revamp health care reform-related websites
- Build Speakers' Bureau and develop message templates



HCRCC OVERSIGHT OF CROSS-CUTTING ISSUES: LOOKING AHEAD

- ❑ **Workforce Development** – GWIB’s workforce development planning report and recommendations (late September) – HCRCC review and input on blueprint implementation
- ❑ **Communications and Outreach** - ongoing development and implementation of comprehensive, coordinated strategy
- ❑ **Health Care Delivery and Payment Reform** – HCRCC monitoring of Council’s subcommittee and the Health Quality and Cost Council
- ❑ **Public Health, Safety Net and Special Populations** – continued SHIP development and implementation; Community Health Resources Commission’s recommended plan for technical assistance to safety net providers; consideration of additional efforts after HHS’ release of minimum essential benefits package, projected to be in late fall.



HCRCC UPDATES AND INPUT ON HEALTH BENEFIT EXCHANGE

❑ Exchange studies, recommendations and 2012 legislation:
HCRCC update on studies' options/background analysis (mid-September), and input on draft recommendations (late October).

HEALTH CARE REFORM COORDINATING COUNCIL

September 13, 2011
October 27, 2011
January 5, 2012

HEALTH BENEFIT EXCHANGE BOARD

July 19, 2011
August 16, 2011
September 20, 2011
October 18, 2011
November 15, 2011
December 20, 2011

